

<b>2007 Employee Health Plan Rate Table</b>					
	<b>FULL TIME EMPLOYEES</b>			<b>PART TIME EMPLOYEES</b>	
<b>HEALTH PLAN AND ENROLLMENT STATUS</b>	<b>MONTHLY RATE</b>	<b>MONTHLY COUNTY COST</b>	<b>EMPLOYEE BIWEEKLY DEDUCTION</b>	<b>MONTHLY COUNTY COST</b>	<b>EMPLOYEE BIWEEKLY DEDUCTION</b>
<b>PREMIER WELLWISE**</b>					
EMPLOYEE ONLY	\$643.08	\$631.76	\$14.84	\$331.96	\$153.21
EMPLOYEE / 1 DEPENDENT	\$1,131.82	\$886.37	\$130.59	\$438.50	\$337.30
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,594.84	\$1,241.96	\$184.02	\$615.25	\$473.27
<b>PREMIER SHAREWELL***</b>					
EMPLOYEE ONLY	\$214.98	\$284.00	(\$31.86)	\$214.98	\$0.00
EMPLOYEE / 1 DEPENDENT	\$353.08	\$411.74	(\$27.07)	\$132.41	\$101.85
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$455.95	\$505.81	(\$23.01)	\$170.98	\$131.52
<b>KAISER</b>					
EMPLOYEE ONLY	\$314.02	\$298.32	\$7.25	\$157.01	\$72.47
EMPLOYEE / 1 DEPENDENT	\$628.04	\$471.03	\$72.47	\$235.52	\$181.17
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$888.70	\$666.53	\$102.54	\$333.26	\$256.36
<b>CIGNA</b>					
EMPLOYEE ONLY	\$356.04	\$338.24	\$8.22	\$178.02	\$82.16
EMPLOYEE / 1 DEPENDENT	\$703.72	\$527.79	\$81.20	\$263.90	\$203.00
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$979.16	\$734.37	\$112.98	\$367.19	\$282.45
** County cost includes Wellwise incentive					
*** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)					
(Effective every pay period beginning with pay period 01'07, January 12, 2007)					